

FRESH FRUIT PACKING GENERAL PERMIT COVERAGE MODIFICATION DUE TO CHANGE IN FACILITY STATUS

This form must be completed **prior** to any changes in company or facility status. Send the completed form to:

Washington State Department of Ecology Central Regional Office Attn: Steven R. Huber General Permit Manager 15 West Yakima Avenue, Suite 200 Yakima, Washington 98902

Please contact Steve Huber at (509) 454-7298 or shub461@ecv.wa.gov with any questions.

Please contact Steve Huber at (509) 454-7298 or shub461@ecy.wa.gov with any questions.					
Complete the Following General Information and Certification Statement					
Permit Number	Company Name		Facility Name (if different)		
Street/PO Box	Mailing Address (check if new □)		Facility Location		
City/State/Zip					
Person familiar with information in request	Name		Title	Phone	
CERTIFICATION : I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.					
Name (printed or typed)		Title			
Signature *		Date Signed			
*This document must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor or owner. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility.					
FOR OFFICE USE ONLY					
Please check one of the following then complete the indicated section:					
 □ Section 1. Change a facility or company name with no ownership change. □ Section 2. Cancel permit coverage □ Section 3. Transfer permit coverage to a new owner or operator (sale or lease) 					

If you need this publication in an alternate format, please call the Water Quality Program at [section secretary phone number]. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Section 1. CHANGE COMPANY OR FACILITY NAME WITH NO CHANGE IN OWNERSHIP.						
Old Name	New Name					
Section 2. CANCEL PERMIT COVERAGE						
Cancellation of Permit No. WAG 43 is requested because (check one): □ The facility was sold or leased and is not eligible for permit transfer. □ Date of sale or lease □ There are no longer wastewater discharges (including NCCW) at this facility. □ Date of last discharge □ Other (specify)						
Section 3. TRANSFER PERMIT COVERAGE DUE TO SALE OR LEASE						
This section, when completed and signed by both parties, and approved by the Department of Ecology, automatically transfers the specified permit, in accordance with WAC 173-226-210. The new permittee is responsible for seeing that all parts of this section (including the "Current Permittee Information") are complete before submitting this form to Ecology. By signing this form, the new permittee agrees to assume all responsibility, coverage, and liability of the permit, as of the effective date of the sale or lease. The permit transfer for any facility shall not be valid if there is or will be any significant changes in facility operations, discharge volume, or discharge characteristics, as determined by the Department of Ecology. If such changes are or will be present, the new permittee shall immediately notify the Department of Ecology. It is the new permittee's responsibility to get copies of all relevant records from the current permittee (<i>i.e.</i> , Yearly Facility Reports, Monthly DMRs, Road Management Plans, Environmental Compliance Plans, logbooks, etc.).						
Reason for transfer	Permit number to be transferred	Effective date of sale/lease				
(check one) SALE □ LEASE □						
	Current Permittee	New Permittee				
Company name						
Facility name (if different)						
Mailing Street/PO Box Address						
City/State/Zip						
Contact person						
Phone number						
Owner/President (print name)						
Owner/President (signature)						
Date signed						

cc (completed form): Facility Manager WPLCS Coordinator Fee Unit, HQ